STATE FORM

PRINTED: 03/02/2016 FORM APPROVED

Division of Health Service Regulation (XB) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 02/11/2016 B. WING HAL081051 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2270 OAKLAND ROAD NANAS ASSISTIID LIVING FACILITY # 2 FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ďΙ (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (X4) ID PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) TAĞ TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Biennial Construction Survey by Dennia Harrell on 2-11-2016. Records indicate that this facility was first licensed on 6-1-1968, for 44 residents. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code, the 1971 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NGAC 13F .0302 DESIGN AND CONSTRUCTION( The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. Hand Gnps will be installed at the tiplet C 133 C 133 Bathrobms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F:0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Haind grips shall be installed at all Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATORS

Division of	of Health	Service Ro	egulation				OVER PARTY	er men distri
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		/SUPPLIER/CLIA	6 4	CONSTRUCTION	(X3) DATE 8 COMPL	ETED		
AND PLAN (	OF CORRE	CTION	IDENTIFICA	I ION NUMBER:	A. BUILDING: 01			
					s, WING		02/11	/2016
			HAL081	-			VAIT	
NAME OF P	ROVIDER	R SUPPLIER				TATE, ZIP CODE		
MANARA	NANAS ASSISTED LIVING FACILITY # 2 2270 OAKLAND ROAD FOREST CITY, NC 28043							
NANASA						PROVIDER'S PLAN OF CORRECTION	ON T	(X5)
(X4) ID	/EA/	BUMMARY STA	TEMENT OF DEF	IGIENCIES EDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE DATE
PREFIX	REGI	JLATORY OR L	SC IDENTIFYING	INFORMATION)	TAG	OROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRINTE	DATE
							7.0	
C 133	Continu	ed From pa	ige 1		C 133	and tub in it	Ida a	
	commo	des, tubs ar	nd showers us	sed by or		shower room on	tre	. r
		ble to reside		-		Language hall 6	va	[[[2]]]
	WELL		-1 dat	nel bye		women's hall bath room on	1	7/100
	This Ru	le is not m	et as évidence vetion, there v	na by: was no hand grip		bath room		16
	provide	d at the toile	at or tub in the	shower room on		women hall	-	ĮΨ
	the wor	nen's hall.				CO an i am		
				was no band offic				
	2. Base	ed on obser	vation, there t	was no hand grip com room on the				
,	women		at iii iiio batiii					
	***********							
C 166	Housek	eeping-Mai	ntained Free	of Hazards	C 166			
	PECT	ON 0300 -	PHYSICAL PL	ANT				
	10A NO	AC 13F .03	306 HOUSE	KEEPING AND				
	FURNI	SHINGS						
	(a) Adu	It care hom	es shall:	and plane and				
	(5) be	maintained	in an unclutte se of all obstru	red, clean and actions and				
	hazard	manner, m s:	a or on openi	Marketon market				
	(e) Thi	Rule shal	i apply to new	and existing			ı ın	(1, (
	facilitie	s.				Latch has be	41	41.
	This Ex	de la set m	et as evidenc	ed by:		install on th	e.	201
	1. Bas	ed on obse	rvation, the ex	it door near room		install of		301
	1 will n	bt latch to p	revent unauth	orized entry.		exit don rear		16
	Exits th	at cannot k	atch endanger	the security of		CXII CCC		14
	the res	dents and	staπ.			room 1.		
	2. Bas	ed on obse	rvation, the ex	cit door at the		Latch strike h	05	
	front of	the dining	room will not l	atch properly		Loten Strike	to the same	Ha-lu
	becaus	e the latch	strikė is missi	ng.	1	been install.	1-11-2	4/30/16
	2 1300	ad on obse	rvation, the gl	ass globe is		per to	ho	1,1
	broken	on a wall s	conce in the c	orridor near the		exit aggrading	0.17V2	
	womer	's shower.	The broken g	lobe presents		exit door at the	11.5	
	sharp	edges that a	are a laceratio	n risk.		room.	-	
					1	100111		<u> </u>

Division o	of Health Se	ervice Re	gulation	· ·	25.2005. <b>8.20</b> - 1 - 100.00 ft. 4	CONSTRUCTION	(XX) DATE SURVEY
STATEMEN'	T OF DEFICIEN OF CORRECTI	ICIES	(X1) PROVIDER/SUPPI IDENTIFICATION N	LIER/CLIA (UMBER:	A. BUILDING:	E CONSTRUCTION 61	COMPLETED
Wide Leva	or connecti		-				
			HAL081051		B. WING		02/11/2016
NAME OF P	ROVIDER OR	SUPPLIER				TATE, ZIP CODE	l
	SSISTED L		CIL ITY # 2		LAND ROAD		
NANAS A	1				ITY, NO 28	PROVIDER'S PLAN OF CORRECT!	ON (X6)
(X4) ID PREFIX TAG	CEACHE	DEBICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED I SCIDENTIFYING INFOR	BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE PAYE
C 166	Continued	From pa	ge 2		C 166	Broken globe,	was
0 100	4. Based	on observ	vation, the kick pla	te on the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200
	door to the laceration	office w	as badly bent pres	enting a		(n.a.u.) One 3005 €	Lineal W
	5. Based	on obser	vation, there was e	xposed		1.7.4.7 (2.12) (2.2.2)	-
	electrical v	wiring in t	he closet off room ild be a hazard to	15.		1 6 7 m m m 10 6 1 (2)	1
			vation, the exterior				
	were not r	maintaine	d uncluttered and	free of		LAND WAS ITICK	
	obstructio					,	1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a The da	ite across	the sidewalk in fr	ont of the		Room 15 all	60
	egress		room would not o			has been topsed	anu
	b. The ex	dt ramp a	t the rear of the fa-	oility was		Room 15 all wo has been fixed it will exposed	in
						Plectricax win ra	m15
	7, Baced	on obser	vation, the hose o Salon was long o	n the shower nough to		The gate has	,,,,,,
	reach the	sink bas	In and there was n	o vacuum		To sate has	seen wadib
	breaker p	rovided.	Hoses on water fix reach the flood rin	ktures that n of the		The gare	King
	fixture pre	esent the	possibility of sipno	ning		repaired 4 wor	1012-
	contamin	ated wate	or into the water sy is installed.	stem unless		at a long. INAVE	o. / ===
						removed from ramp. Vacuum Breaker in Stalled. Door will be	T,XI
	8. Based	on obse	rvation there was a side of the door to	hasp and the freezer		LEWONCE.	
	room. La	stching he	ırdware that can o	nly bê		ramp, prople	r NAS LIIZOILU
	operated	from one	side of the door, a	such as		Vacuum Greaker	η
	hasps an	d padlock	(s, present the pos trapped in the roo	isibility that im.		in stalled.	a mound
						Sant will be	CEMOVECI.
	9. Basec	on obse	rvation, waste trap dry. Dry waste tr	s had been aps allow		Door	41394
1	noxious	combusti	ble odors and pos	sibly harmful			'
1	bacteria	to enter ti	ne facility.				
	Findings	include:	es dry in the janito	or's closet,			
Division of	Health So(vice	e Regulation	n				if continuation sheet 2 of

Division (	of Health	Service Re	gulation _			COLUMN	(Xx) DATE 5	URVEY
STATEMEN	T OF DEFIC	HENCIES	(X1) PRÓVIDE	R/SUPPLIET/CLIA ATION NUMBER:		CONSTRUCTION	COMPLE	TED
AND PLAN	OF CORRE	CTION	(DEM LEG	CHAIR HAMPEN	A, BUILDING: 0	ri .		
	1				B. WING		02/11	/2016
			HALO					
NAME OF P	ROVIDER	R SUPPLIER				TATE, ZIP CODE		
	2270 OAKLAND ROAD							
ИАИАЗ А					1TY, NC 280	PROVIDER'S PLAN OF CORRECTI	ON	(85)
(X4) ID		SUMMARY STA	TEMENT OF DE	PICIENCIES CEDED BY PULL	PREFIX	CACH CORRECTIVE ACTION SHOUL	LD BE 1	COMPLETE
PREFIX	(EAC REGI	JEATORY OR L	SC IDENTIFYING	S INFORMATION)	TAG	OROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
100						DEFICIENT!		
C 166	Continu	ed From pa	age 3		C 166			
C 100				the implication elegat				
	b. The	hopper trap	was dry in t	he janitor's closet,				
A 400	Bullion	. E-ulmaten	t Maintained	Sefe Operating	C 189			
C 189	Building	Equipmen	t iviaintaineo	Safe, Operating				
	SECTIO	3 - 0000 - NC	PHYSICAL F	LANT				
	10A N¢	AC 13F .03	11 OTHE	R				
	REQU(	REMENTS			1			
	(a) The	building at	nd all fire sat	oty, electrical,				
	mechar	nical, and pl	umbing equ	ipment in an adult	1			
		me shall be ng condition		in a safe and				
	(k) Thi	ng condition s Rule shall	n. I apply to nev	w and existing	[ ]			
	facilities	s with the ex	xception of F	Paragraph (e)				
	which a	hall not app	ly to existing	g facilities.			l l	.,
				-		Fire Alarm was repaired and working Hole was repair in ceiling and of	(S	413di4
			_i aa aaddaa			FIVE HIGHY VOS	-	462.6
	This R	le is not m	et as evider	iced by: ire slorm system		aired and		-
	1. Bas	ea on obser	ryation, the t showing a "T	ire alarm system rouble" condition.		Cepaner on		
	Was Int	emmuenuy i ums in "Tro	uble" may fa	il to operate		MARKIN	,	. 10
	proper	y when nee	ded.			Work S wowi	vec 1	4130/16
						Hole was 192	CEIN	4-1
	2. Bas	ed on obse	rvation the r	equired one-hour		Frailing and O	THICK	,
	fire rate	ed walls and	1/or ceilings	were compromised		Hole repaired in	anilim	
	in seve	ral location:	s, Holes and	d penetrations that		Hole recaired in	Carrie	
	are not	sesied with	n materials s Leonatructic	pproved for use in n present the		Statle	n	
	one-no	iur isro ratec Ility thet a fil	e that begin	s in one space can		at nurse Today		1 healts
	quickly	spread to c	ther areas	of the facility.		Hole repaired in our chaired in room	1	41396
	Finding	is include:				conicect in roof	Α, J	''
	a. Hol	e in the wall	and ceiling	of the office,		LICHE IL IS and IS		
1	b. Hole	e in the coll	ing of the nu	rse station,		(q,70,19 13 ~ "		,
ļ	c Ga	where the	wall meets t	the ceiling in the		l ''	l	.11 1.
	closets	off at least	rooms 9, 10	0, 11, 13 and 15. most of the		Plumbing door been repaired	nas	4/30/16
1		a inspected.		i ilihat muna		Dlum DING		11.21.4
1	d Plu	mbina scce	ss door, 20	inches by 36		They repould	•	
	inches	, made of c	ombustible :	naterial in shower		E) Emili		
	room	on the wome	en's hall.					

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Division	of Health	Service Re	egulation			
STATEMEN AND PLAN	T OF DEFE	CIENCIES	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01	(X2) DATE SURVEY COMPLETED
			HAL081051	B. WING		02/11/2016
NAME OF	PROVIDER	OR SUPPLIER			STATE, ZIP CODE	
NANAS A	ASSISTE	LIVING FA		KLAND ROA CITY, NC 2:		
(X4) ID		SUMMARY STA	TEMENT OF DEFICIENCIES	HD.	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	(EA	CH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPRO DEFICIENCY)	
C 189	Continu	ed From pa	ige 4	C 189	1	
	e. Plyw	ood patch,	16 inches by 24 inches, on the	•	Door has been in Hole repaired in Hole repaired in Hole repaired in the freezer ro	
	ceiling i	n the linen o	closet,	_	la por has been 1	repoilted
		1	door in the clean linen room i	a l	Door Tuesday	The weelly
	damage	in the kitch	en ceiling.		Hole repaired "	1112
	h. Hole	s in the ceil	ing of the freezer room,		1 Litalyn /	''
					KITOTE Appliced i	n Juadia
	3. Bas	od on obser	vation, the sampling tube for	.	Hole refund	m 14129.41
			moke detector in the attic was g tubes that are not	'	The Freezer	C
	periodic	iy. Gampiin ially inspect	ed and cleaned can endanger		The luha	
	all resid	ents and st	aff because the duct detector		1 & 0 K(D III)(0 1 \ \tag{-1}	
	may fal	to operate	properly.		the treezer days sampling tubus have been clear fire door has repaired	122 Cl
					have bear	
	4. Base	ed on obser	vation, many corridor doors closing quickly and latching to	, l	- done has	Deen 14189 6 1
	resist th	vented from	of fire and smoke. Corridor	1	Fire alou,	" ' '
	doors t	nat do not cl	lose completely and latch		repaired the office doo the laten is repaired the laten is rep	_
	present	the possibl	Ilty that a fire that begins in		CEICE CLOO	$r^- \mid_{Hout}$
	one sp	ice can quic	kly spread to the corridor and		The Others st	ation 7/3914
		ainder of th	e facility.		and hurse	CA 4 Can 3
	Finding	s include;	damaged on the ¼ hour fire		I Thaton is in	CASE A LANGE
	rated de	oor to the la	undry chute closet. This fire		The land	****
	rated d	oor must be	self-closing and must		10 dropped door 2	115 Jugate
	automa	tically latch	when closed.		Bedroom door 2	14/3416
	b. The	doors to the	office and the nurse station		repaired has	,   ''
	Dood b	olta cappot	n only a dead-bolt latch. automatically latch to contain	24	Links bolt has	been
		smokė.	automatically in the contain	-	Lactor to the	Showler 1120/11
	c. The	door to bed	room 27 was hard to close		Installed on The	1/ 2017
	and late				10 norm 18.	
			s missing on the door to		19 door is	5 fixed Mars
		room 18. door to bed	room 19 was propped open.		repaired Latch bolt has installed on the room 18. Bedroom 19 door is Door on woman has a repaired.	~00 4/3416
	f. The	door to the	shower on the women's hall is		Door on Woman n	CRIKIC
	draggin	g the floor a	and hard to close.		TE CEDANOS.	
	g. The	latchset is r	missing on the door to the	1	Later Fat have	een
,	closet o	of the corrid	for to the dining room. clean linen closet of the		15 repaired Latch set have b	
ivision of H		ce Regulation			Trong Turn Garage	, , , , , , , , , , , , , , , , , , , ,
TATE FOR		- respondent		DOWN	JIME21	If continuation sheet 5 of 7

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Division	of Healt	h Service Re	egulation						
STATEMEN			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORR	LETION	IDENTIFICATION NOMBER.	A. BUILDING:	01				
			HAL081051	B. WING		02/11/2016			
						"			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  2270 OAKLAND ROAD									
NANAS A	SSISTE	D LIVING FA	CHITYMA	DITY, NC 28043					
(X4) ID PREFIX TAG	(EA REG	CH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPRODEFICIENCY)	PRIATE COMPLETE			
C 189	Continu	ed From pa	ge 5	C 189	Clean line close; has been lepair latch set on	don u			
		,	g room will not close and		has been lepair	and 1130/6			
	latch.				inish set on	1915			
	i, The	door to the b	eathroom on the women's hall ning properly to be resistant to		JOHCH SEC	,			
	the pas	sage of smo	oke.						
			stop provided for the door to			lon			
	bedroo	m 4.			Door stop was provided for be	. 11311			
	5. Bas	ed on obser	vation, the attic draft stop door		provided for De	21001 41 16			
	was let	t open in the	front portion of the attic. function when the doors are		# 4				
	left ope		Idilothia Maria and and and		FF T	has used			
			ustica la cacastacia siste uma		The attic cool	4127			
	e. Bas	ea on obser s in room 10	vation, a receptacle plate was . Missing electrical plates		in alosed.	1.16			
	expose	energized v	vires and parts.		The affic door been closed.	1005 Just			
	7. Bas	ed on obser	vation, the attic access door in		1 O m MA KO & ACKE PROME	411-1			
	the cle	an linen roor	n is a disappearing stairway		replace in room 10 Hunges have bee repaired	110			
	modifie	d to be fire t	resistant. The hinges on the naged and could be a fall		legion have bee	en 430/6			
	hazard		naged and could be a rail		HUNGES /	011			
					Base ment doo was repaired	r 413916			
	8. Bas	ed on obser	vation, the soffit at the rear of se basement door was		page ment all	4 439 16			
	deterio	rated and m	issing. Openings in soffit allow		Base repaired	''			
	birdş a	nd other nox	tious posts to enter the attic.		was que				
C 191	Unven	ed & Portab	le Elec. Heaters Prohibited	C 191					
			PHYSICAL PLANT			j			
		CAC 13F .03	11 OTHER			WON LA			
	(b) Th	REMENTS ere shall be	a heating system sufficient to		Heater have be Le moved	en Hora			
	mainta	n 75 degree	s F (24 degrees C) under		Teater . I way				
	winter	design cond	itions. In addition, the y to heaters and cooking		1. moved				
	appliát	ices.			1 William	,			
	(2) Un	vented fuel i	burning room heaters and						

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Division	of Healti	h Service Re	aulation				
STATEMEN AND PLAN	IT OF DEFI	CIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETED
			HAL081051		B. WING		02/11/2016
NAME OF	PROVIDER	OR SUPPLIER		STREET AD	DRESS. CITY.	STATE, ZIP CODE	
NANAS ASSISTED LIVING FACILITY # 2 2270 OAKLAND ROAD FOREST CITY, NC 28043							
(X4) ID PREFIX TAG	(EA	OH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
C 191	Continu	ed From pa	ge 6		C 191		
	(k) Thi facilities which s	s Rule shall s with the ex hall not app	aters are prohibited. apply to new and ex- ception of Paragraph ly to existing facilities	h (e)		Heater was removed.	4/30/16
	Based to the p Portabl	on observati rohibition of electric he	et as evidenced by: on the facility failed t portable electric hes aters are a potential could effect all occu	aters. fire			
	a. The basebo	s include: e was a wal ard heater in	I mount type electric				
	b. This	ed improper same heate	ater. not mounted to the v ty using 2 wire exter r was not equipped v	ision cord.			
Division of H		ce Regulation			<b>##00</b>	JIME21	if continuation sheet 7 of 7